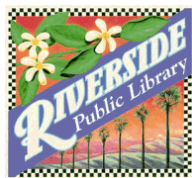


Customer ID \_\_\_\_\_

Date \_\_\_\_\_



Riverside Public Library  
Adult Application for Library Card

Applicant must present identification with current address

**PLEASE PRINT**

Last name	First name	Middle Name or Initial	Title (Dr., Sr., Jr. III)
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Residence:	Number/Street, Apt./Space	City	County	State	Zip
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Mailing Address (if different than residence)	Number/Street, Apt./Space	City	County	State	Zip
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Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Gender: M / F

Driver's License No.: \_\_\_\_\_ Birth date: \_\_\_\_ \_\_\_\_ \_\_\_\_

E-mail Address: \_\_\_\_\_

May we contact you by e-mail with Library information: Yes \_\_\_\_\_ No \_\_\_\_\_

Please take a few minutes to answer the following questions, which will be very useful in planning Library programs and services. All information is treated confidentially. Thank you!

**Language Preferred:**

English _____	Spanish _____	Vietnamese _____
Korean _____	Chinese _____	Japanese _____
Other _____		

**Occupation:**

Student _____	Clerical _____	Sales _____
Craftsperson _____	Homemaker _____	Professional _____
Retired _____		

**STAFF ONLY**

ON THE FLY

COMPLETION

_____ Staff	_____ Date	_____ Class	_____ Qualifer	_____ Staff	_____ Date
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